09-25-09

PTO/SB/21 (09-06)

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- CALIF	Application Number	10/822,208				
TRANSMITTAL	Filing Date	April 8, 20	04			
FORM	First Named Inventor	Eric R. Blo	omiley			
	Art Unit	1722				
(to be used for all correspondence after initial filing)	Examiner Name	Matthew J	. Song			
Total Number of Pages in This Submission	Attorney Docket Number	MI22-2519				
EN	ICLOSURES (Check al	l that apply	1)			
Fee Transmittal Form	Drawing(s)		After Allowance Communication to TC Appeal Communication to Board			
Fee Attached	Licensing-related Papers		of Appeals and Interferences			
Document(s)	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Comarks Dimer No. 021567	Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Postcard; Check for \$180.00			
SIGNATURE	OF APPLICANT, ATTO	RNEY, C	DR AGENT			
Firm Name Wells St. John PS		-				
Signature						
Printed name David G. Latwesen, Ph.D.						
Date 9/27/06		Reg. No.	0. 38,533			
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Effective on 12/08/2004. THE TRANSMITTAL FOR FY 2006			Complete if Known				
			er 10/822,208				
		Filing Date	April 8, 2004				
		First Named Inver	ntor Eric R. Blomiley				
		Examiner Name	Matthew J. Song	Matthew J. Song			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1722				
TOTAL AMOUNT OF PAYMENT	(\$) \$180.00	Attorney Docket N	lo. MI22-2519				
METHOD OF PAYMENT (chec	k all that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO FEE CALCULATION	2030.						
Application Type Utility 300 Design 200 Plant 200 Reissue 300 Provisional 200 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including	NG FEES SE Small Entity (\$) Fee (\$) Fee (150	ARCH FEES Small Entity	EXAMINATION FEES Small Entity Fee (\$) Fee (\$) 200 100 130 65 160 80 600 300 0 0 Fee (\$) 50	Fees Paid_(\$)			
Each independent claim ove Multiple dependent claims Total Claims Extra - 20 or HP = HP = highest number of total claims p	Fee Paid (\$) 0	200 360 <u>Multiple D</u> <u>Fee (\$)</u>	100 180 Dependent Claims Fee Paid (\$)				
Indep. Claims -3 or HP = x = 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets -100 = /50 = (round up to a whole number) x = 0 4. OTHER FEE(S) Fee Paid (\$) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement 180.00							

SUBMITTED BY	0		
Signature	<u> </u>	Registration No. (Attorney/Agent) 38,533	Telephone (509) 624-4276
Name (Print/Type)	David G. Latwesen, Ph.D.		Date 7/22/16

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